

# Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2019								
Entity Name: Confluence Health (including Central Washington Hospital and Wenatchee Valley Hospital)								
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non- Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 Rutherford, Peter	Lead	CWH / WVH	628,531	53,520		21,782	22,200	726,032
2 Noyes, Vikki L.		CWH / WVH	415,811	35,720		17,247	17,428	486,205
3 Doyle, John R.		CWH / WVH	409,655	38,606		21,782	20,743	490,786
4 Wood, James B.		CWH / WVH	399,276	29,307		17,247	26,457	472,287
5 Johnson, Jay H.		CWH / WVH	331,965	28,308	16,075	21,782	19,564	417,694
6 Kasnic, Tracey A.		CWH / WVH	325,165	27,851	12,432	21,782	12,337	399,566
7 Pageler, Robert J.		CWH / WVH	301,838	26,294		17,247	22,430	367,808
8 Adams, Glenn W.		CWH / WVH	260,257	21,462	9,798	19,111	22,100	332,727
9								0
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11								0
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15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853

email: [hos@doh.wa.gov](mailto:hos@doh.wa.gov)